My Na	ame			_		
Addre	ess			_		
City, S	State, Zip			_	Lehi City Justice Court	
Phone					154 North Center Street	
E-mail					Lehi, UT 84043 801-768-7160	
_		Plaintifi			801-768-7160	
I am th	ie [ ]	Attorney for the Plaintiff and my	Utah Bar number is			
		FOI 154 ì	IN THE LEH URTH JUDICIAL D NORTH CENTER S	I JUSTICE COU. DISTRICT, UTAI STREET, LEHI, I	H COUNTY	
				)		
Plaintiff	f	<b>3</b> 0 (1	**	) .	AFFIDAVIT AND SUMMONS	
Vs.				)		
Defenda	int.			)	Case Number	
AND				)	TIDGE Douglas J. Nielsen	
				)	JUDGE Douglas J. Meisen	
Defendar	nt			ý		
I swear th (1)	hat the follo	owing is true:				
χ-γ	Defendan		<u> </u>	for the claim departed paragraph (2).	escribed in	
	plus the co	ourt filing fee of \$ ——— timated service fee of \$ ———				
	for a total	imated service tee or				
lus preju	ıdgment, if	qualified for prejudgment interest.			-	
2)	The events	s happened on	_ (date). My claim is t	ased on the following	ng facts.	
,						
,		Defendant resides within the jurisdic The events happened within the juris	ction of the court.			
		am not suing a government entity. I am not suing a government employee for the employee's on-the-job conduct.				
) [	[] I	am not suing on a claim that has been assigned to me.				
		y non-public information in this doc				
te:				ere ►		
_						
ertify tha	atvo	, who is k luntarily signed this document and d				
г		>				
L	- u.c		5.6 110			

Justice Court Clerk

## **Summons**

The State of Utah to the I	Defendant(s):	
Defendant Name and Addr	ess	
Defendant Name and Addre	988	
	ve. <b>If you fail to appe</b>	the above claim. The trial will be held at the ear, judgment may be entered against
Date	Time	□ a.m. □ p.m.
Room		
	nd responsibilities. Yo	e has been filed against you. This impose ou may obtain small claims information ar
Disability Accommodation judicial service assistant a		mmodation of a disability, contact a the hearing.
Date:	Sign he	ere ▶
	Court C	Clerk